



**San Joaquin Valley Unified Air Pollution Control District  
Supplemental Application Form**



## CHROMIUM ELECTROPLATING

This form must be accompanied by a completed Authority to Construct/Permit to Operate Application form

PERMIT TO BE ISSUED TO:
LOCATION WHERE THE EQUIPMENT WILL BE OPERATED:

### PROCESS DESCRIPTION

<b>Plating Type</b>	[ ] <b>Decorative</b> [ ] <b>Hard</b> (functional) [ ] <b>Other</b> :		
<b>Process Type</b>	[ ] <b>Hexavalent</b> [ ] <b>Trivalent</b> [ ] <b>Chromic Acid</b>		
<b>Operating Hour</b>	____ hours/day ____ days/week ____ weeks/year		
<b>Annual Capacity</b>	_____ Amp-hour/year		
Does your facility operate any associated operation such as grinding, buffing, polishing and/or abrasive blasting? (If the answer is <b>Yes</b> , then answer the following question) [ ] <b>Yes</b> [ ] <b>No</b>			
Is there any type of air pollution control on the operation (e.g. baghouse, cyclone)? [ ] <b>Yes</b> [ ] <b>No</b> (If <b>Yes</b> , please fill out the following)			
<b>Emission Control Equipment Description</b>	Manufacturer:		
	Model:	Serial #:	
	Motor Horsepower:	HP	Flow Rate: <span style="float:right">cfm</span>
	Estimated Dust collected: _____ lb/month _____ lb/week Describe what types of material composition are being collected (Aluminum, Iron Steel, Chromium, etc.):		

### EQUIPMENT DESCRIPTION

#	Description <sup>1</sup>	Dimensions (W x L x D)	Size (gal)	Voltage (Volt)	Maximum Rectifier capacity (Ampere)	Plating cycle (units)
*1	Chrome plating tank	4' x 5' x 4'	600	6	2,000 amp	20-30 sec

\* Example

<sup>1</sup> If there are any plating operations other than chrome-plating (i.e. nickel, copper), all of the associated operations must be listed.

## CONTROL EQUIPMENT DESCRIPTION

<p><b>Control Techniques</b> <i>(Check all that apply).</i></p>	<p>Chemical Fume Suppressant :</p> <p style="text-align: center;"> <input type="checkbox"/> Wetting Agent (surface tension reducer)                      <input type="checkbox"/> Foam Blanket         </p> <p style="text-align: center;">Manufacturer : _____</p> <p style="text-align: center;">Name Brand: _____</p> <p style="text-align: center;">Maximum Surface Tension: _____</p>
	<p>Mechanical Fume Suppressant :</p> <p style="text-align: center;"><input type="checkbox"/> Polyballs</p>
	<p>Add-on Emissions Control</p> <p style="text-align: center;"> <input type="checkbox"/> Packed bed scrubber    <input type="checkbox"/> HEPA Filters         </p> <p style="text-align: center;"><input type="checkbox"/> Composite Mesh Pad (CMP) system</p>
	<p style="text-align: center;"><input type="checkbox"/> Other: _____</p>

## ADDITIONAL INFORMATION

1. Maximum Chrome-salt used: \_\_\_\_\_ Pounds per year
  
2. If chemical fume suppressant is used, include a Material Safety Data Sheet (MSDS) with this application.
  
3. Distance to nearest residence: \_\_\_\_\_ meters or \_\_\_\_\_ feet
  
4. Distance to nearest business: \_\_\_\_\_ meters or \_\_\_\_\_ feet
  
5. Stack Height (distance from ground to vent/stack): \_\_\_\_\_ meters or \_\_\_\_\_ feet  
 The direction of the vented exhaust:  Vertical                       Horizontal
  
6. Date of initial operation of the chrome plating at this facility \_\_\_\_\_
  
7. Include dimensions of shop and plot plan of equipment located at the facility. Include all doors, gates, windows, vents, etc. opened during plating operation. (drawing, sketch, etc.)
  
8. Include diagram showing all the tanks in the plating line and the flow of parts through the line